



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS  
**APPLICATION FOR INTERPRETER CERTIFICATION**

1103 Rear Southwest Boulevard  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

**INSTRUCTIONS:** Please complete the information below. Return the completed notarized form along with the appropriate fee in the form of a cashier's check or money order (made payable to MCDHH/BCI Fund) -- **no personal checks accepted** -- to the address above (\$10.00 application fee **plus** \$25.00 written exam fee).

FOR OFFICE USE ONLY	
Application Received	Fee Paid \$
Written Exam Completed	Score

### I. APPLICANT INFORMATION

NAME (Print in full, including middle initial)		TELEPHONE NUMBER (Voice/TTY/Both)			
PREVIOUS NAME(S) (If any)	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
PRESENT ADDRESS	Street	City	State	Zip Code	County
NAME AND LOCATION OF COLLEGE/UNIVERSITY (City, State)		DEGREE EARNED & WHEN			
NAME AND LOCATION OF HIGH SCHOOL (City, State) ISSUED		DATE DIPLOMA OR EQUIVALENT			

### II. TYPE OF CERTIFICATION APPLIED FOR

**I AM APPLYING FOR:**

☐ CERTIFICATION (MICS)

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ A COPY OF MY WRITTEN EXAMINATION IS ON FILE WITH THE COMMISSION

☐ I WILL TAKE THE WRITTEN EXAMINATION AT (Include \$35.00 Application/Written Examination Fee)

Date Location

### III. OTHER CERTIFICATION INFORMATION

Have you ever been tested by another certifying entity? ☐ Yes ☐ No  
If yes, please provide date and name of certifying entity:

### IV. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
That I have personally completed the foregoing application truthfully and completely, without omission;  
That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;  
That I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills or any other testing material;  
That I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and  
That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT		DATE
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		